

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing
Received
Official Use Only



COVER PAGE

FILED

2015 MAR 24 PM 12:40

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
MESSINA BARBARA CITY OF ALHAMBRA
CITY CLERK'S OFFICE

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CITY OF ALHAMBRA

Division, Board, Department, District, if applicable

CITY COUNCIL

Your Position

COUNCILMEMBER - SECOND DISTRICT

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: PLEASE SEE ATTACHED LIST

Position: PLEASE SEE ATTACHED LIST

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County

☐ County of

☒ City of ALHAMBRA

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2014, through December 31, 2014.

☐ Leaving Office: Date Left ____/____/____
(Check one)

-or-

The period covered is ____/____/____, through December 31, 2014.

☐ The period covered is January 1, 2014, through the date of leaving office.

☐ Assuming Office: Date assumed ____/____/____

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate: Election year ____ and office sought, if different than Part 1: ____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 7

☒ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☒ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☒ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge

I certify under penalty of perjury under the laws of the State of California

Date Signed

3/24/15

(month, day, year)

EXPANDED STATEMENT – BARBARA A. MESSINA - 2014

1. SOUTHERN CALIFORNIA ASSOCIATION OF GOVERNMENTS
REPRESENTATIVE
(Annual – Calendar Year 2014)
2. CITY SELECTION COMMITTEE – LOS ANGELES COUNTY
ALTERNATE REPRESENTATIVE
(Annual – Calendar Year 2014)
3. SAN GABRIEL VALLEY COUNCIL OF GOVERNMENTS COUNTY
REPRESENTATIVE
(Annual – Calendar Year 2014)



SCHEDULE A-1**Investments****Stocks, Bonds, and Other Interests**

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

BARBARA A. MESSINA

▶ NAME OF BUSINESS ENTITY
AMERITRADE BROKERAGE COMPANY

GENERAL DESCRIPTION OF THIS BUSINESS
COMPANY STOCKS BROKERAGE

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/14 ____/____/14
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/14 ____/____/14
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/14 ____/____/14
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/14 ____/____/14
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/14 ____/____/14
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/14 ____/____/14
 ACQUIRED DISPOSED

Comments: *SEE ATTACHED LIST OF STOCKS OVER \$2,000 IN VALUE

Barbara Messina
Councilwoman - City of Alhambra
California Form 700
Schedule A-1

Holdings as of December 31, 2014

Name Of Business Entity	General Description of Business Activity	\$2,000 - \$10,000	\$10,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000	Nature of Investment	Acquired	Disposed
3m Company	Conglomerate		X			Stock	07/10/13	
Abbott Labs	Pharmaceuticals	X				Stock	05/04/10	
Abbvie	Pharmaceuticals	X				Stock	05/04/10	
Anadarko Pete Corp	Independent Oil & Gas	X				Stock	05/03/10	
Apple Inc	Technology			X		Stock	07/10/13	
Applied Materials	Technology			X		Stock	12/20/11	
AT&T	Telecommunications			X		Stock	07/10/13	
Avon Products Inc	Consumer	X				Stock	08/19/14	
Barrick Gold Corporation	Gold	X				Stock	07/10/13	
Chevron Corp	Oil & Gas			X		Stock	07/10/13	
ConocoPhillips	Integrated Oil & Gas	X				Stock	05/05/08	
Costco Wholesale Crp Del	Discount Variety Stores			X		Stock	07/10/13	
Crescent Energy Corp	Utility	X				Stock	05/07/10	08/19/14
Devon Energy Corp New	Independent Oil & Gas	X				Stock	05/19/10	
Disney (Walt) Co Com Stk	Entertainment	X				Stock	07/10/13	
Duke Energy Corp	Utility	X				Stock	07/10/13	
Emerson Elec Co	Industrial Equipment	X				Stock	07/10/13	
Exxon Mobil Corp Com	Oil & Gas			X		Stock	06/21/07	
Goldcorp Inc	Gold			X		Stock	06/05/09	
Honeywell Intl Inc Del	Aerospace/Defense	X				Stock	07/10/13	
Intel Corp	Semiconductor			X		Stock	07/10/13	
Intl Business Machines Corp Ibm	Technology	X				Stock	07/10/13	
Johnson & Johnson	Consumer Staples			X		Stock	07/10/13	
Nestle S A Rep Rg Sh Adr	Foods	X				Stock	05/21/10	
Northrop Grumman Corp	Aerospace/Defense			X		Stock	07/10/13	
Philip Morris-Int'l Inc	Consumer	X				Stock	08/19/14	
Procter & Gamble Co	Consumer Staples			X		Stock	07/10/13	
Schlumberger Ltd	Energy Exploration			X		Stock	04/30/10	
Southern Company	Utility	X				Stock	05/19/10	
Thermo Fisher Scientific Inc	Medical Equipment	X				Stock	05/07/10	

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

BARBARA A. MESSINA

► 1. BUSINESS ENTITY OR TRUST

MESSINA DEVELOPMENT CO.

Name

1101 SO. SECOND STREET

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

REAL ESTATE DEVELOPMENT AND RENTAL

FAIR MARKET VALUE

- ☒ \$0 - \$1,999
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/14 ____/____/14
ACQUIRED DISPOSED

NATURE OF INVESTMENT

☐ Partnership ☒ Sole Proprietorship ☐ Other

YOUR BUSINESS POSITION **OWNER**

► 1. BUSINESS ENTITY OR TRUST

MESSINA FAMILY TRUST

Name

1101 SO. SECOND STREET

Address (Business Address Acceptable)

Check one

☒ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- ☐ \$0 - \$1,999
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/14 ____/____/14
ACQUIRED DISPOSED

NATURE OF INVESTMENT

☐ Partnership ☐ Sole Proprietorship ☐ Other

YOUR BUSINESS POSITION

► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- ☒ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☐ \$1,001 - \$10,000

► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- ☒ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☐ \$1,001 - \$10,000

► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

☒ None or ☐ Names listed below

► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

☒ None or ☐ Names listed below

► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/14 ____/____/14
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold Yrs. remaining ☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT ☒ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

1101 SO SECOND STREET, ALHAMBRA, CA

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/14 ____/____/14
ACQUIRED DISPOSED

NATURE OF INTEREST

☒ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold Yrs. remaining ☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

Comments:

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name BARBARA A. MESSINA

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
1101 SO SECOND STREET

CITY
ALHAMBRA, CA

FAIR MARKET VALUE
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:
____/____/14 ____/____/14
ACQUIRED DISPOSED

NATURE OF INTEREST
☒ Ownership/Deed of Trust ☐ Easement
☐ Leasehold _____
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
☐ None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:
____/____/14 ____/____/14
ACQUIRED DISPOSED

NATURE OF INTEREST
☐ Ownership/Deed of Trust ☐ Easement
☐ Leasehold _____
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
☐ None

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)
_____% ☐ None
HIGHEST BALANCE DURING REPORTING PERIOD
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000
☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)
_____% ☐ None
HIGHEST BALANCE DURING REPORTING PERIOD
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000
☐ Guarantor, if applicable

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name BARBARA A. MESSINA
--

► NAME OF SOURCE (Not an Acronym)
BURKE, WILLIAMS & SORRENSEN
 ADDRESS (Business Address Acceptable)
444 FLOWER STREET, LOS ANGELES, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
LAW FIRM

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 31 / 14	\$ 114.00	DINNER
05 / 15 / 14	\$ 143.00	DINNER
07 / 11 / 14	\$ 125.00	DINNER

► NAME OF SOURCE (Not an Acronym)
LELAND DOLLEY
 ADDRESS (Business Address Acceptable)
601 13TH STREET, MANHATTAN BEACH, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
ATTORNEY

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 19 / 14	\$ 150.00	FUNDRAISER-SOLIS
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)
ALLIED PHYSICIANS IPA
 ADDRESS (Business Address Acceptable)
1668 SO. GARFIELD AVENUE, ALHAMBRA, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
PHYSICIANS

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 14 / 14	\$ 250.00	DINNER
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

Comments: _____
